U.S. Department of Latior Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

,			
1. File Number U - 30/5	2. Fiscal Year Covered From: 1		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Kinsey M Robinson	Name United Union of Roofers, Waterproofers & A.W.		
	Labor Organization File Number 000-135		
P.O. Box, Bldg., Room No., if any Suite 800	P.O. Box, Building and Room Number, if any Suite 800		
Street 1660 L Street, NW	Street 1660 L Street, NW		
City Washington	City Washington		
State District of Columbia ZIP Code +4 20036-5603	State District of Columbia ZIP Code + 4 20036-5603		
5. Position in labor organization. International Secretary-Treas	surer		

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street		7.b. Amount.		
City				
State	ZIP Code + 4			

Signature

Olg Hazaro		
15. Signature and verification. The undersigned declares, under penalty of Perjury submitted in this report (including the information contained in any accompanying do undersigned's knowledge and belief, true, correct, and complete. (See the section or	cuments), has been ex	camined by the signatory and is, to the best of the
Signed Or	11/1/05	202-463-7663
	Date	Telephone Number

Name of Person Filing Kinsey Robinson		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the busines ely seeking to represent, or rectly to, or otherwise	s	
8. Name and address of Business (including trade name, if any). Name ASB Capital Management, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 200 Street 7501 Wisconsin Avenue	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation	
City Bethesda State Maryland ZIP Code + 4 20814			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.	
Name National Roofing Industry Pension Fund	Investment Manager		
P.O. Box, Bldg., Room No., if any			
Street 7990 SW 117th Ave			
City Miami	11.b. Approximate dollar val		<u> </u>
State Florida ZIP Code + 4 33183	5-26-04 Business		
	12.b. Amount.		\$30
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name	requirement of contract of the		
Trade Name, if any:	econ estato contrata		
P.O. Box, Bldg., Room No., if any	Application of the state of the		
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Kinsey Robinson	File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptant and part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name ASB Capital Management, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 200 Street 7501 Wisconsin Avenue City Bethesda State Maryland ZIP Cods + 4 20814 10. If 9.b. or 9.c. is checked give trust or employer's name. Name National Roofing Industry Pension Fund Trade Name, if any:	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Investment Manager
P.O. Box, Bldg., Room No., if any Street 7990 SW 117th Ave City Miami State Florida ZIP Code + 4 33183	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 6-11-04 Fishing Trip
	12.b. Amount. \$158
C. Received from any employer (other than an employer covered unor from any labor relations consultant to an employer any payment of months. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	ader parts A and B above) ey or other thing of value. 14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing Kinsey Robinson	•	Fite Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionally any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing to, or other organization or with a trust in which your labor org	wise dealing with the busines vely seeking to represent, or firectly to, or otherwise	ss	
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Amalgamated Bank	(5.7)		
Trade Name, if any:	a. Labor Organiza	ation	
P.O. Box, Bldg., Room No., if any	b, Trust		
Street 15 Union Square			,
City New York			
State New York ZIP Code + 4 10003-3378			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	ding.	
Name	Banking		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City	11.b. Approximate dollar va		\$1,500
State District of Columbia ZIP Code + 4	12.a. Nature of interest he 12-25-04 Blanket		Name of the state
			The state of the s
	12.b. Amount.	yy yaryonnoo, babbiibbahb moonooniin moonooniin maamadanoonii baandadhii	\$38
			Advisory of the second
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	ler parts A and B above) y or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name	and delivery and the second		·
Trade Name, if any:			• •
P.O. Box, Bldg., Room No., if any			
Street			
City	and the second s		
State ZIP Code + 4	And the second contract of the second contrac	kkilos karros kir ast kirilos kirilos karros karros kirilos karros karros kirilos kirilos kirilos kirilos kiri	00m/1/10.00 mm 100m 100m 100m 100m 100m 100m 1
13.b. Is the Business an Employer cr Consultant?	14.b. Amount of payment		

Name of Person Filing Kinsey Robinson	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name AFL-CIO Building Investment Trust	9. Business deals with:
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., If any Suite 707 Street 1717 K Street, NW	c. Employer
City Washington State District of Columbia ZIP Code + 4 20036	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Natiuonal Roofing Insdustry Pension Fund	Investment Manager
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 7990 SW 117th Ave	11.b. Approximate dollar value of such dealing.
City Miami	12.a. Nature of interest held or income received.
State Florida ZIP Code + 4 33183	1-20-04 Business Dinner
	12.b. Amount. \$53
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	,
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Kinsey Robinson		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name AFL-CIO Building Investment Trust			
Trade Name, if any:	a. Labor Organiza	ation	
P.O. Box, Bldg., Room No., if any Suite 707	c. Employer		
Street 1717 K Street, NW	o. Employor		
City Washington			
State District of Columbia ZIP Code + 4 20036			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	ing.	
Name Natiuonal Roofing Insdustry P∈nsion Fund	Investment Manage:	e .	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 7990 SW 117th Ave			
City Miami	11.b. Approximate dollar val		
State Florida ZIP Code + 4 33183	2-18-04 Business		-
Tempholisms - consequences and administration of a sented.			V V
			# T T T T T T T T T T T T T T T T T T T

	12.b. Amount.		\$95
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14,a. Nature of payment.		
Name			
			,
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Ccde + 4		and a second determine the form of the second determine the second deter	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

AMENDED REPORT

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT Fiscal Year January 1, 2004 to December 31, 2004 Kinsey M. Robinson

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.